

I understand the following regarding my treatment at Lake Norman Family Therapy ("LNFT"):

FINANCIAL UNDERSTANDING

The fee for a standard session (approximately 55 minutes) at LNFT is \$150. The Initial Evaluation fee is \$200. An Initial Consultation may be necessary and cannot be billed to insurance. The fee for the Initial Consultation is \$200. My therapist will inform me if session complexity or length will affect my fee.

Any phone conversations, documentation, or consultation that requires more than 15 minutes of time from my therapist is subject to billing at session rates. There may be a fee for medical records in accordance with North Carolina General Statutes.

In order for my therapist's work to remain effective, it is in my and/or my child's best interests to not involve my therapist in legal proceedings. If my therapist is involved in legal proceedings, the fee is \$200 per hour. Travel and wait time is charged, with a \$600 retainer for these services due in advance of any legal proceeding appearance. These fees are not covered by insurance, and I will be fully financially responsible.

I will pay for my sessions at the beginning of each visit. Appointments rescheduled or canceled without 48 hours' notice (by noon on Friday for Monday appointments) will be charged full session rate. Late arrival or early departure will result in a fee equivalent to the difference between billed service and scheduled service rate.

There is a charge of \$25 for any returned check. This will be expected at the time of the next session, with the payment amount, in full, of the returned check.

If I am utilizing insurance, I am responsible for understanding my insurance benefits. As a courtesy, LNFT will also reach out to my insurance company to obtain a quote of benefits. Estimated client responsibility is collected at time of service and final client responsibility is not determined until a claim is processed by my insurance company. I authorize payment of medical benefits to Lake Norman Family Therapy, PLLC. LNFT will file my claim for me, and refile if necessary, but will not assume responsibility for collecting on my insurance claim or negotiating settlement on a disputed claim. If my insurance does not pay my claim, I understand that it will be my responsibility to pay. I understand that I will be responsible for any amount that is disallowed or non-covered by my insurance if utilizing an out-of-network insurance.

Nonpayment of accounts, including accounts of all immediate family members, may be cause for discontinuation of services. Failure to make prompt and reasonable payments may result in my account being sent to collections. I may ask my therapist at any time about payment plan options.

CONFIDENTIALITY

My therapist will hold all aspects of my therapy in strictest confidence, as mandated by law. My therapist is required by law to report any suspicion of abuse or neglect of children, disabled persons, and the elderly, as well as any intent to harm oneself, another, or property. My therapist may also be required to disclose confidential information if a court order is issued.

For the purposes of increasing the quality of my care and for the education and supervision of my therapist, relevant issues from my therapy may be shared with appropriate clinical consultants and supervisors. My identity will be kept confidential unless I have approved, in writing, that it can be shared.

Audio and/or video recordings of all LNFT clinical interactions (telehealth, phone, or in person) are strictly prohibited unless consented in writing by all parties involved.

PERMISSIONS

I give permission for LNFT to thank the person listed below for referring me here. A release of information form must be signed for my therapist to give any additional information. _____

I give permission for LNFT to leave messages on all phone numbers that I have provided.

I understand that I will receive automated notifications via my client portal email address. I understand that privacy and security of any e-mails cannot be guaranteed, and I will not hold LNFT responsible for information loss. Further, I understand that LNFT may not respond to direct emails and most responses will be sent by secure message via the client portal. I understand that secure messages via the client portal is the preferred method of written communication

LIMITS OF AVAILABILITY

LNFT has no on-call or pager system. If I am in a medical or psychiatric emergency and cannot wait for a return call from my therapist, I may contact the Atrium Health Behavioral Health Charlotte 24-hour coverage line at 704-444-2400, call 911, or proceed to my local emergency room. Messages left after hours or on weekends will be returned the next business day.

CONSENT TO COUNSELING

The process of growth and change that occurs in therapy may sometimes include emotional pain, unpleasant memories, and periods of temporary impasse. To the best of my ability, I agree to openly discuss such issues with therapist(s) at LNFT. LNFT reserves the right to discontinue care and provide appropriate referral options on a case-by-case basis. If at any point I feel that I have been harmed or mistreated, and efforts to discuss this with my therapist are unsatisfactory, I may contact North Carolina Social Work Board regarding LCSW clinicians or North Carolina Board of Licensed Clinical Mental Health Counselors for LCMHC clinicians for appropriate grievance procedures.

SIGNATURE OF CLIENT

DATE

SIGNATURE OF PARENT, GUARDIAN, OR PERSONAL REPRESENTATIVE

DATE